Name in Full: Edward Bourne

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Washington

Date of death 1904: Month: 6; Day: 23; Age: Years: 28; Months: 11; Days: 20

Sex: Male; Color or Race: White; Birthplace: Md

Occupation: Laborer; Where Residing if not at place of death:

Married, Single or Widowed: Married; Name of Wife or Husband: Vernie Bourne

Father's Name: Leabrun Bourne; Father's Birthplace: Md

Mother's Maiden Name: Julia Bourgard; Mother's Birthplace: Md

Name of person giving information: Edelsworth Bourne; How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis; How long: 3 years

Immediate: Respiratory Failure; How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D. McDonagan

Address: Hagerstown Md

Accident or Suicide?

LIBRARY BUREAU A33516

Name in Full: Susan Bridendolph

CERTIFICATE OF DEATH

Died at: Town: Bellevue Asylum; County: Washington Co.; MARYLAND

Date of death: Month: June; Day: 1; Years: 1904; Age: 80; Months; Days

Sex: Female; Color or Race: White; Birthplace: Washington Co.

Occupation: H.W. (Insane); Where Residing if not at place of death: —

Married, Single or Widowed: widow; Name of Wife or Husband

Father's Name; Father's Birthplace

Mother's Maiden Name; Mother's Birthplace

Name of person giving Information: 154; How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Senility; How long: two months.

Immediate: Exhaustion; How long: 1 week

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W.S. Monsan

Address: Hagerstown Md

Accident or Suicide? no

LIBRARY BUREAU A88516

Name in Full: Gladys Anna Bright

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Washington

Date of death: Month: 6; Day: 11; 1904

Age: Years: 26; Months: 0; Days: 0

Sex: Female

Color or Race: White

Birthplace: Oregon

Occupation: Machine Operator

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John H. Bright

Father's Birthplace: Tennessee

Mother's Maiden Name: Virginia A. Comer

Mother's Birthplace: Virginia

Name of person giving information: Mary Bright

How related to deceased: Sister

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Drowning

How long: 172

Immediate: Drowning

How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Martin L. Miller

Address: Coroner, Hagerstown, Md.

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: George W. Clagett.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Keedysville — County: Washington

Date of death 1904: Month: June — Day: 21

Age: Years: 77 — Months: 5 — Days: 7

Sex: Male — Color or Race: White — Birthplace: Wash. Co. Md.

Married, Single or Widowed: Widower — Occupation: Retired Farmer

Name of Wife or Husband: Elizabeth Clagett.

Father's Name: Nezekiah Clagett. — Father's Birthplace: Maryland.

Mother's Maiden Name: Anna Lancaster. — Mother's Birthplace:

Name of person giving information: Anna Clagett — How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Carcinoma of liver — How long: several years

Immediate: Exhaustion — How long: last 2 weeks

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: O. H. O. Hagan.

Address: Keedysville, Md.

Accident or Suicide? No.

LIBRARY BUREAU A888-10

Name in Full: Jennie Nicholas Claggett

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Washington

Date of death 1904: Month: 6; Day: 18

Age: Years: 35; Months: —; Days: 1

Sex: Female

Color or Race: White

Birthplace: Md.

Occupation: musician

Where Residing if not at place of death: —

Married, Single or ~~Widowed~~

~~Name of Wife or Husband~~

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Zecharish S. Claggett

Father's Birthplace: Md.

Mother's Maiden Name: Jennie S. [redacted] Nicholas

Mother's Birthplace: "

Name of person giving Imformation: Samuel Claggett

How related to deceased: brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Neurasthenia

How long: 3 years

Immediate: Gen Failure

How long:

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

A S Mason

Hagerstown Md

~~Accident or Suicide~~?

LIBRARY BUREAU A88316

Name in Full

Certificate of Death

Mildred Irene Clopper

Died at Town: Leitersburg County: Washington MARYLAND

Date 1904 Month: 6 Day: 28 | Age Y.: 2 M.: 3 D.: 27 | Native of: Md | Occupation: ——

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ | Number of children living: 1

Husband of
Wife

Father's Name: Lewis Clopper | Mother's Maiden Name: Sarah Hessong

Cause of Death — Primary: Unknown 179 | How long sick: 3 mo

Immediate: ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by: W L Steiss

Address: Leitersburg Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 73P69

Name in Full: William T. Creney

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Hagerstown County: Wash.

Date of death: Month 6 Day 14 Year 1904

Age: Years 82 Months — Days —

Sex: Male

Color or Race: White

Birthplace: Ireland

Occupation: Has retired

Where Residing if not at place of death:

Married, Single or Widowed: Married

Name of Wife or Husband: Margaret Creney

Father's Name: Thomas Creney

Father's Birthplace: Ireland

Mother's Maiden Name: Margaret Spence

Mother's Birthplace: Ireland

Name of person giving In formation: T. Spence Creney

How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Congestion Lungs

How long: 9 days

Immediate: Cardiac Failure

How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: O. P. Stauffer

Address:

PHYSICIAN OR CORONER

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Ann. E. Cushwa

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Clear Spring; County: Washington

Date of death: Month: 6; Day: 28; 1904

Age: Years: 87; Months: 1; Days: 6

Sex: Female.

Color or Race: White.

Birthplace: Maryland

Occupation: Home wife.

Where Residing if not at place of death:

~~Married~~ or ~~Single~~ or Widowed

Name of ~~Wife or~~ Husband: Wm Cushwa

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Samuel Prather.

Father's Birthplace: Maryland

Mother's Maiden Name: Elizabeth Jaques.

Mother's Birthplace: Maryland

Name of person giving information: Miss Betty Cushwa.

How related to deceased: Daughter.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old age

How long: Eight years

Immediate: Exhaustion

How long: One week

154

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Abraham Shank

Address: Clear Spring Washington Co. Md

~~Accident or Suicide?~~

LIBRARY BUREAU A63516

Name in Full: Jonas L Deamer

CERTIFICATE OF DEATH

Died at: Town: Keadysville; County: Washington; State: MARYLAND

Date of death 1904: Month: 6; Day: 18; Age: Years: 78; Months: 9; Days: 18

Sex: Male; Color or Race: White; Birthplace: Keadysville

Occupation: Retired Farmer; Where Residing if not at place of death: Keadysville

Married, ~~Single or Widowed~~: Married; Name of Wife or Husband: Maria A Deamer

Father's Name: Samuel Deamer; Father's Birthplace: Keadysville

Mother's Maiden Name: Dinah Wyand; Mother's Birthplace: "

Name of person giving information: H Clay Deamer; How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Senility; How long: 2 years

Immediate: Apoplexy; How long: 12 hours

64

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W. M. Sibiser

Address: Keadysville Md

~~Accident or Suicide?~~

PHYSICIAN OR CORONER

D

LIBRARY BUREAU A88516

Name in Full: Margrt. Ella. Feilds

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hancock County: Wash.

Date of death: Month: June Day: 5 Years: 37 Months: 11 Days: 14

Sex: Female Color or Race: White. Birthplace: Maryland.

Occupation: Wife Where Residing if not at place of death:

Married, Single or Widowed: Married Name of Wife or Husband: J. Frank. Feilds

Father's Name: John Frodes Father's Birthplace: England

Mother's Maiden Name: Rachard Gregory Mother's Birthplace: Penna.

Name of person giving Imformation: Mrs S.E. Bligers How related to deceased: Sister.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Mlvan Cranial Tumor How long: Six Weeks

Immediate: How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: P.E. Bligers

Address: Hancock. Md.

Accident or Suicide?

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LIBRARY BUREAU A8D818

Name in Full: John Fellinger

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Clearspring; County: Washington

Date of death: 1904 June 27

Age: Years 60 Months 11 Days 2

Sex: Male

Color or Race: White

Birthplace:

Occupation: Farmer & Carpenter

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Frederick Fellinger

Father's Birthplace: Germany

Mother's Maiden Name: Rosalie Wisemiller

Mother's Birthplace: Germany

Name of person giving information: Mary Fellinger

How related to deceased: Sister

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Alcoholism 56

How long: 3 years

Immediate: Delirium Tremens

How long: 2½ Days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. J. Mason, M. D.

Address: Clearspring Md

Accident or Suicide?

LIBRARY BUREAU A88515

Name in Full: Mary E. Fouke

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Broad Fording; County: Washington

Date of death: Month: 6; Day: 7; Year: 1904; Age: 31; Months: —; Days: —

Sex: Female; Color or Race: White; Birthplace: Md

Occupation: House Work; Where Residing if not at place of death:

Married, Single or Widowed: Single; Name of Wife or Husband:

Father's Name: Michael Fouke; Father's Birthplace: Va

Mother's Maiden Name: Mary Isuall; Mother's Birthplace: Va

Name of person giving Information: William Fouke; How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Paralysis; How long: Forhours

Immediate: 66; How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Chas. B. Boyle M.D.

Address: Hagerstown Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Ecleste Fowler

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: ____ County: Washington

Date of death 190 4 — Month: June — Day: 21st — Years: Age 62 — Months: ____ — Days: ____

Sex: Female — Color or Race: White — Birthplace: Washington Co Md

Married, Single or Widowed: Single — Occupation: Leisure

Name of Wife or Husband: ____

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Robert Fowler — Father's Birthplace: Unknown

Mother's Maiden Name: Unknown — Mother's Birthplace: Unknown

Name of person giving Information: Miss Mame Huyett — How related to deceased: Friend

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Feeble heart — 15 — How long: ____

Immediate: Heart failure — How long: ____

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: E. Tracy Bishop

Address: Smithsburg Maryland

Accident or Sulcide? ____

LIBRARY BUREAU A8851B

Name in Full: Ralph Gibbs

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Clear Spring; County: Washington

Date of death 1904: Month: June; Day: 9; Age: Years: 85; Months: 9; Days: 11

Sex: Male; Color or Race: Colored; Birthplace: Maryland

Occupation: Laborer; Where Residing if not at place of death: Clear Spring

Married, Single or Widowed: Married; Name of Wife or Husband: Elizabeth Sodeck

Father's Name: — Slave; Father's Birthplace: —

Mother's Maiden Name: — Slave; Mother's Birthplace: —

Name of person giving Information: Elizabeth Gibbs; How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old age; How long: One year

Immediate: Exhaustion and heart failure; How long: Three weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Abraham Shank

Address: Clearspring, Washington Co. Md

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~~Resident or Outside?~~

LIBRARY BUREAU A88516

Name in Full — Certificate of Death

William F. Heironimus

Died at Hagerstown, Washington, MARYLAND
(Town) (County)

Date 1904 Month 6 Day 24 | Age Y. 81 M. 4 D. | Native of Va | Occupation Merchant

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ ~~Single~~ Widower ~~Widow~~ ~~Divorced~~ | Number of children living 4

Husband of Miss Cornelia Herbert
~~Wife~~

Father's Name Andrew Heironimus | Mother's Name Catherine Allman

Cause of Death: Primary General Debility — How long sick Two mos

Immediate Heart Failure

~~Accident~~ ~~Suicide~~ ~~Homicide~~

Reported by E. M. Schindel, M.D.

Address Hagerstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, FORM

Name in Full: Daniel Highlebarger

CERTIFICATE OF DEATH

MARYLAND

Died at ~~Williamsport~~ Town: Downsville County: Washington

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1904	Month: June	Day: 9	Age: Years 87.	Months 5	Days 2
Sex: Male	Color or Race: white			Birth-place: Wash. Co.	
Married, Single or Widowed: Married	Occupation: Blacksmith				
Name of Wife or Husband: Catherine Highlebarger					
Father's Name: John Highlebarger				Father's Birthplace: Wash. Co	
Mother's Maiden Name: Mary McGuire				Mother's Birthplace: Wash. Co	
Name of person giving information: Mrs. Downey.				How related to deceased: Son-in-law	

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: General debility — How long: Two years

Immediate: Prostration — How long: Few hours.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: W J Richardson

Address: Williamsport Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Martin Luther Heimes

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Sharpsburg — County: Washington

Date of death 190 4 — Month: June — Day: 6"

Age — Years: 71. — Months: 1. — Days: 18.

Sex: Male — Color or Race: White — Birthplace: Sharpsburg

Married, Single or Widowed: Married — Occupation: General Worker

Name of Wife or Husband: Virginia Heimes

Father's Name: Michael Heimes — Father's Birthplace: Md

Mother's Maiden Name: Mary Beachley. — Mother's Birthplace:

Name of person giving In formation: Richard Heimes — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Organic Heart Disease 99 — How long: Years

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Filed 1904

Accident or Suicide?

Signature of Physician: E. M. Gannett

Address: Sharpsburg, Md.

LIBRARY BUREAU A88816

Eugene Thrasher
Undertaker.

Name in Full: Christiana Hoover Mrs.

CERTIFICATE OF DEATH

MARYLAND

Town: Highfield County: Washington

Died at

Date of death: Month: June Day: 25 1904

Age: Years: 80 Months: 5 Days: 3

Sex: Female Color or Race: White Birthplace: Bucks Creek Md

Occupation: Housekeeper Where Residing if not at place of death: Highfield

Married, Single or Widowed: widow Name of Wife or Husband: John H Hoover

Father's Name: John Harner Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving Information: Katie Shindletaker How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Intracapsular Fracture of Femur How long: One Month

Immediate: Arthritis and Rapid Debility How long: Four weeks.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: R. Laughlin

Address: Waynesburg Pa

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Susan Hull

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Millstone; County: Washington

Date of death: Month: June; Day: 27; 1904

Age: Years: 78; Months: ; Days:

Sex: Female

Color or Race: White

Birthplace: Franklin Co. Pa

Occupation: Housewife

Where Residing if not at place of death: Millstone

Married, Single or Widowed: Widow

Name of Wife or Husband: Isaac Hull

Father's Name: Isaac Stalifer

Father's Birthplace: Md

Mother's Maiden Name: Susan Hull

Mother's Birthplace: Pa

Name of person giving information: Isiah Hull

How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dropsy — How long: 1 year

Immediate: Heart Failure — How long: 1 week

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: P. Elwood Stigers

Address: Doctor in attendence

Accident or Suicide?

Undertaker: Hancock Md.

LIBRARY BUREAU A88516

Name in Full: Benjamine Jackson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Hagerstown — County: Washington

Date of death: 1904 — Month: 6 — Day: 3 — Years: Age 26 — Months — Days

Sex: Male — Color or Race: Colored — Birthplace: Md

Occupation: Laborer — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: William Jackson — Father's Birthplace: Md

Mother's Maiden Name: Mary Reed — Mother's Birthplace: Md

Name of person giving Information: Ida Jackson — How related to deceased: Sister

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary:

How long:

Immediate: Tuberculosis — How long: 1 yr

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. C. Fenn

Address: Hagerstown Md

Undertaker

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: David H. Harns

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Mercerville; County: Washington

Date of death 1904: Month: June; Day: 19; Age: Years: 90; Months: 4; Days: 15

Sex: Male; Color or Race: White; Birthplace:

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed: Widower; Name of Wife or Husband:

Father's Name: George T. Harns; Father's Birthplace:

Mother's Maiden Name: Sophia Shunk; Mother's Birthplace:

Name of person giving Information: Mrs J. A. Middlekauff; How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senile Debility; How long: 15 Y

Immediate: Cardiac Paralysis; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: V. M. Reichard

Address: Fairplay

Accident or Suicide?

LIBRARY BUREAU A58616

Name in Full: David Kershner

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died — Town: near Cearfoss — County: Washington

Date of death: Month: June — Day: 7 — 1904

Age: Years: 79 — Months: — Days: —

Sex: male — Color or Race: White — Birthplace: Md.

Occupation: Farmer — Where Residing if not at place of death:

Married, Single or Widowed: widower — Name of Wife or Husband: Drusicilla Kershner

Father's Name: David Kershner — Father's Birthplace: Md.

Mother's Maiden Name: Nancy Westabarger — Mother's Birthplace: Penna

Name of person giving Imformation: Ed. Kershner — How related to deceased: son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: [illegible] — How long: [illegible]

Immediate: Congestion of Liver — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D. C. R. Miller

Address: State Line Penna

Accident or Suicide?

LIBRARY BUREAU A83316

Name in Full: Still Born

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Washington

Date of death 1904: Month: 6; Day: 10

Age: Years: —; Months: —; Days: —

Sex: Female

Color or Race: Colored

Birthplace: Md

Occupation: Child

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: William Keys

Father's Birthplace: Md

Mother's Maiden Name: Mabel Gould

Mother's Birthplace: Md

Name of person giving Information: William Keys

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Still Birth — How long:

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D. McDonnell

Address: Hagerstown, Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Lillian Virginia King.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Oakes Mills — County: Kent — State:

Date of death: 1904 — Month: 6 — Day: 13 — Age: Years: 1 — Months: 11 — Days: 4

Sex: Female — Color or Race: Colored — Birthplace: Harrisburg

Occupation: None — Where Residing if not at place of death: Oakes Mills

~~Married~~, Single or ~~Widowed~~ — Name of Wife or Husband: Carolina King

Father's Name: Stokes King — Father's Birthplace: Kentsville

Mother's Maiden Name: Carolina (Ross) — Mother's Birthplace: Oakes Mills

Name of person giving information: Jamar Joyer 93 — How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 3 weeks

Immediate: Acute Capillary Pulmonary — How long: 12 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W. H. Chilcoat

Address: Kentsville Md

Accident or Suicide?

8

LIBRARY BUREAU

Name in Full: Raymond S Kline

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Hagerstown; County: Washington; MARYLAND

Date of death 1904: Month: 6; Day: 26

Age: Years: —; Months: —; Days: 6

Sex: Male; Color or Race: White; Birthplace: Hagerstown

Married, Single or Widowed: — —; Occupation: —

Name of Wife or Husband: — —

Father's Name: Charles Kline; Father's Birthplace: Boonsboro

Mother's Maiden Name: Emma Carson; Mother's Birthplace: Boonsboro

Name of person giving In formation: Charles Klin; How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Indigestion — 104; How long: 36 hours

Immediate: Exhaustion —; How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm D Miller Jr

Address:

Accident or Suicide? —

LIBRARY BUREAU A88816

Name in Full: Robert Kermit Ledy

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Clearfork — County: Wash- - - -

Date of death 1904: Month: June — Day: 3 — Age: Years: 5 — Months: — Days: 6

Sex: male — Color or Race: white — Birthplace: near Clearfork

Married, Single or Widowed: — — — — — Occupation: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Melchor Ledy — Father's Birthplace: Wash Co Md

Mother's Maiden Name: Sallie Murray — Mother's Birthplace: Wash Co Md

Name of person giving In formation: Melchor Ledy — How related to deceased: father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Indigestion — How long: 3 weeks

Immediate: Collapse — How long: 3 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D. C. Miller M.D.

Address: Mason + Dixon Pa

Accident or Suicide? —

A Mangans & son Undertakers

LIBRARY BUREAU A8848

Name in Full: Mary Bell Linken.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Oakland. County: Garrett.

Date of death 1904: Month: June. Day: 30. Age: Years: 13. Months: 2. Days: 3.

Sex: Female. Color or Race: Colored. Birthplace: Md.

Occupation: Not at Present. Where Residing if not at place of death: —

Married, Single or Widowed: Single. Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Clarence Linken. Father's Birthplace: Md

Mother's Maiden Name: Anna Eliza. Mother's Birthplace: Va

Name of person giving Imformation: Clarence Linken. How related to deceased: Father.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis. How long: about 3 yrs.

Immediate: Pertusis [illegible] heart failure. How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: C. H. Schiltmeier

Address: Bartleson Md.

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full: Rose Ann Preen

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Funkstown; County: Washington

Date of death 190 4: Month: June; Day: 17

Age: Years: 59; Months: 9; Days:

Sex: Female; Color or Race: white; Birthplace: Funkstown

Married, Single or Widowed: Married; Occupation: House Wife

Name of Wife or Husband: Theadore McCoy

Father's Name:

Father's Birthplace:

Mother's Maiden Name: Sallie Fisher

Mother's Birthplace:

Name of person giving Information: Husband

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberculosis.

How long: 80 days

Immediate: Exhaustion & general debility

How long: one week

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: G. L. Newcomer M.D.

Address: Funkstown, Md.

Accident or Suicide:

PHYSICIAN OR CORONER

9

LIBRARY BUREAU A88516

Name in Full — Certificate of Death

Christena McLucas

Died at — Town: Millersville — County: Maryland — MARYLAND

Date 1894 — Month: June — Day: 21 — Age: Y. 65 M. D. — Native of — Occupation

~~Male~~ / Female — White / Colored — Married / ~~Single~~ — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ — Number of children living 7

~~Husband~~ / Wife of Daniel McLucas

Father's Name — Mother's Name

104

Cause of Death — Primary: Acute Indigestion — Immediate: Exhaustion

How long sick 3 days.

~~Accident, Suicide, Homicide~~

Reported by Dr J. C. Mc Kee

Address Hancock Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Catharine Cordelia Michael

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Sharpsburg; County: Washington

Date of death 1904: Month: June; Day: 27.

Age: Years: 68; Months: 3.; Days: —

Sex: Female

Color or Race: White

Birthplace: Md.

Married, Single or Widowed:

Occupation:

Name of Wife or Husband: Caleb Michael

Father's Name: David Selsam

Father's Birthplace: Unk.

Mother's Maiden Name: Don't Know

Mother's Birthplace: —

Name of person giving information: Caleb Michael

How related to deceased: Husband.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: General debility — 184

How long: For some time

Immediate: Acute Indigestion

How long: 8 or 10 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: O. H. Gardner

Address: Sharpsburg Md.

Accident or Suicide?

LIBRARY BUREAU Ab6S1G

Eugene Barker
Undertaker.

Name in Full: William Herbert Mills

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Indian Spring — County: Washington

Date of death: 1904 — Month: June — Day: 28 — Age — Years: 12 — Months: 10 — Days: 17

Sex: Male — Color or Race: White — Birthplace: Maryland

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Daniel A Mills — Father's Birthplace: Indian Spring

Mother's Maiden Name: Amelia Mills — Mother's Birthplace: " "

Name of person giving Information: Daniel A Mills — How related to deceased: Father

CAUSES OF DEATH

166

PHYSICIAN OR CORONER

Primary — How long

Immediate: Gunshot wound of head — How long: Instant.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Dr. H. C. Foster

Address: Clear Spring.

Accident or ~~Suicide~~?

LIBRARY BUREAU A88516

Name in Full: Lind H. Mobley

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Denver — County: Colorado

Date of death 1904 — Month: June — Day: 3 — Age — Years: 24 — Months — Days

Sex: male — Color or Race: white — Birthplace: Md

Occupation: Clerk — Where Residing if not at place of death: Hagerstown Md.

Married, Single or Widowed: single — Name of Wife or Husband

Father's Name: Walter A. Mobley — Father's Birthplace: Md.

Mother's Maiden Name: Alice Boyd — Mother's Birthplace: "

Name of person giving Imformation: Mrs Alice Mobley — How related to deceased: mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis 27 — How long

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: C M Shuler Undertaker

Address: Hagerstown Md

Accident or Suicide?

LIBRARY BUREAU A68010

Name in Full: Anna E Mowern

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Washington

Date of death 1904: Month: 6; Day: 15

Age: Years: 36; Months: —; Days: —

TO BE ANSWERED BY NEAREST FRIEND

Sex: Female

Color or Race: White

Birthplace: Pa

Occupation: Housework

Where Residing if not at place of death:

Married, Single or Widowed: Married

Name of Wife or Husband: Edw'd R Mowern

Father's Name: Steven Shatzer

Father's Birthplace: Pa

Mother's Maiden Name: Elizabeth Gipe

Mother's Birthplace: Pa

Name of person giving information: Edw'd Mowern

How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cancer

How long:

Immediate: Exhaustion

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E A Wortheimer

Address: Hagerstown Md

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Herman William Myerly.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Washington

Date of death: Month: 1904 6; Day: 7

Age: Years: 8; Months: ; Days: 7

Sex: Male

Color or Race: White

Birthplace: Md

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Frederick T Myerly

Father's Birthplace: Md

Mother's Maiden Name: Clara B Smith

Mother's Birthplace: Md.

Name of person giving Information: Frederick T Myerly

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Whooping Cough

How long: 2 weeks

Immediate: Pneumonia

How long: 2 days.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: O. L. Herman

Address: Hagerstown Md.

Accident or Suicide?

JUN 7 1904

Name in Full: Samuel Nichols

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cascade — County: Washington

Date of death: Month: June — Day: 14 — 1904

Age: Years: 75 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Washington Co,

Occupation: Farmer — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Samuel Nichols

Father's Name: Mathias Nichols — Father's Birthplace:

Mother's Maiden Name: Polly Bachman — Mother's Birthplace:

Name of person giving Imformation: Elizabeth Nichols — How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart & Kidney disease — How long:

Immediate: Senility — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wallie Pearre

Address: Waynesboro - Pa.

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Susan Kate Nunnamaker

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Keedysville; County: Washington; State: Md

Date of death: 1904; Month: 6; Day: 4; Age: Years: 48; Months: 7; Days: 5

Sex: Female; Color or Race: White; Birthplace: Keedysville

Occupation: Home Wife; Where Residing if not at place of death: 11

Married, Single or Widowed: Married; Name of Wife or Husband: John R Nunnamaker

Father's Name: Samuel Byers; Father's Birthplace: Keedysville

Mother's Maiden Name: Mary A Cost; Mother's Birthplace:

Name of person giving Imformation: John R Nunnamaker; How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Adenoid Carcinoma 45; How long: Two years

Immediate: Metastatic Carcinoma—Exhaustion; How long: Four months

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W. M. Nikirser

Address: Keedysville Md

Accident or Suicide? ~~Accident or Suicide?~~

LIBRARY BUREAU A89516

Name in Full: John L Ramsey

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Washington

Date of death 1904	Month	Day	Age	Years	Months	Days
	6	9		43	6	3

TO BE ANSWERED BY NEAREST FRIEND

Sex: Male

Color or Race: White

Birthplace: Md

Occupation: Night Watchman

Where Residing if not at place of death:

Married, Single or Widowed: Married

Name of Wife or Husband: Mary A Ramsey

Father's Name: Labert Ramsey

Father's Birthplace: Md

Mother's Maiden Name: Margaret Heard

Mother's Birthplace: Md

Name of person giving Information: Samuel Ramsey

How related to deceased: Bro

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis of intestines 29

How long:

Immediate: "

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Chas A. Price M.D.

Address: Hagerstown Md

Accident or Suicide?

Name in Full: May Elizabeth Rowe

No 209

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Kemps Sta — County: Washington

Date of death 190 4: Month: June — Day: 13 — Age: Years: 2 - Months: — Days: —

Sex: Female — Color or Race: White — Birthplace: Kemps Sta

Married, Single or Widowed: —— — Occupation: ——

Name of Wife or Husband: ——

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Charles Howard Rowe — Father's Birthplace: Frederick Co Md

Mother's Maiden Name: Bessie Catharine Josiard — Mother's Birthplace: Illinois

Name of person giving information: C H Rowe — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pertussis — How long: 4 weeks

Immediate: Convulsions — How long: 45 minutes

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Theo. Boose, M.D.

Address: Williamsport, Md.

Accident or Suicide?

LIBRARY BUREAU A39516

Name in Full: William H. Rust

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Funkstown; County: Washington

Date of death 1904: Month: 6; Day: 11

Age: Years: 28; Months: 5; Days: —

Sex: male

Color or Race: White

Birthplace: Va.

Married, Single or Widowed: single

Occupation: Superintendent Hosiery Mills.

Name of Wife or Husband:

Father's Name: N. A. Rust

Father's Birthplace: Va.

Mother's Maiden Name: M. Blanche Rust

Mother's Birthplace: "

Name of person giving Information: N. A. Rust

How related to deceased: father.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Drowning

How long:

Immediate: "

How long:

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Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: H. G. Miller

Address: Corner Funkstown. Md

Accident or ~~Suicide~~?

LIBRARY BUREAU A88516

Name in Full: Eugene Wilson Sandy.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Maugansville — County: Wash

Date of death 190 4: Month: 6 — Day: 3 — Age: Years: — Months: — Days:

Sex: male — Color or Race: White — Birthplace: Clearfield

Married, Single or Widowed: Child — Occupation:

Name of Wife or Husband:

Father's Name: H B Sandy — Father's Birthplace: Va

Mother's Maiden Name: Mary E Conner 61 — Mother's Birthplace: Pa

Name of person giving Information: H B Sandy — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebro Spinal Menin. tis — How long: 2 days.

Immediate: Heart Weakness. — How long: —

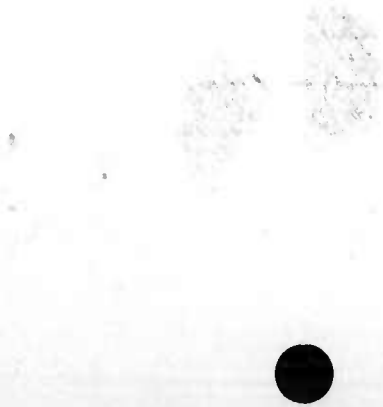
Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wilson D Miller, Jr

Address: Hagerstown, Md

Accident or Suicide? —

LIBRARY BUREAU A68516



CERTIFICATE OF DEATH

MARYLAND

Name in Full: Joseph Patterson Shockey

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Brosius — County: Morgan

Date of death 1904 — Month: 6 — Day: 30 — Years: 54 — Months: — Days:

Sex: Male — Color or Race: White — Birthplace: Morgan Co W Va

Occupation: B & B Trackman — Where Residing if not at place of death: At home

Married, Single or Widowed: married — Name of Wife or Husband: Mary Stewart.

Father's Name: Peter Stotler — Father's Birthplace: Morgan Co W Va

Mother's Maiden Name: Elizabeth Shockey — Mother's Birthplace: " " "

Name of person giving information: Geo. B. Stewart. — How related to deceased: Bro in Law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption 27 — How long: 6 Mo.

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: P. Elwood Higus

Address: Hancock, Md.

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Mrs Barbara Spessard

CERTIFICATE OF DEATH

MARYLAND

Died — Town: near Cleversville — County: Wash.

Date of death: Month: June — Day: 4 — Year: 1906 — Age: 50 — Months: 5 — Days: —

Sex: female — Color or Race: White — Birthplace: Md.

Occupation: H. W. — Where Residing if not at place of death:

Married, Single or Widowed: Widow — Name of Husband: David R. Spessard

Father's Name: Daniel R. Valentine — Father's Birthplace: Md.

Mother's Maiden Name: Susan Adams — Mother's Birthplace: "

Name of person giving Information: Walter V. Spessard — How related to deceased: son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: 79 — How long:

Immediate: Heart Disease — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. McP. Scott.

Address: Hagerstown Md.

Accident or Suicide? 8

LIBRARY BUREAU A8831G

Name in Full: Robert Henry Stevenson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown — County: Washington

Date of death: Month: June — Day: 20 — Year: 1904 — Age: Years: 67 — Months: 3 — Days: —

Sex: Male — Color or Race: Colored — Birthplace: Virginia

Occupation: Laborer — Where Residing if not at place of death: —

Married, Single or Widowed: Widower — Name of Wife or Husband: Harriet P Stevenson

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Don't Know — Father's Birthplace: Va

Mother's Maiden Name: Don't Know — Mother's Birthplace: Va

Name of person giving Imformation: Mrs. J. C. Jones — How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Coronary Sclerosis — How long: Uncertain

Immediate: Cardiac Failure — How long: Immediate

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D. M. Bagaman

Address: Hagerstown, Md.

Accident or Suicide? No

8

LIBRARY BUREAU A8881B

Name in Full: Newton Alvey Stoltzmyer

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Beaver Creek — County: Washington — MARYLAND

Date of death 1904 — Month: 6 — Day: 27 — Age — Years: — — Months: 6 — Days:

Sex: Male — Color or Race: — — Birthplace: Beavercreek

Married, Single or Widowed: — — Occupation: None

Name of Wife or Husband: —

Father's Name: Newton Stoltzmyer — Father's Birthplace: Frederick Co

Mother's Maiden Name: Mayne Summers — Mother's Birthplace: Frederick Co

Name of person giving Information: Newton Stoltzmyer — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gastro - Enteritis — How long: 4 days

Immediate: Sprue, Collapse — How long: 6 hours.

Ara tha name, age, sex, color, date and place corractly given above?

Signature of Physician: J. Hubert Mohler M.D.

Address: Boonsboro Maryland

Accident or Sulcide?

LIBRARY BUREAU A88316

Name in Full: Dorothy Strite

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Washington

Date of death: 1904 Month: 6 Day: 12

Age: Years: 4 Months: 3 Days:

Sex: female

Color or Race: White

Birthplace: Md.

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: single

Name of Wife or Husband: —

Father's Name: Abraham C. Strite

Father's Birthplace: Md.

Mother's Maiden Name: Luella C. Taggett

Mother's Birthplace: "

Name of person giving Imformation: A. C. Strite

How related to deceased: father.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: 61

How long:

Immediate: Meningitis

How long: 1 week

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. M. P. Scott

Address: Hagerstown

Accident or Suicide?

LIBRARY BUREAU A88010

Name in Full: Mary Ann Elizabeth Lovinger

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Washington

Date of death: Month: 6; Day: 25; 1904

Age: Years: 23; Months: 3; Days: 1

Sex: Female; Color or Race: White; Birthplace: Md

Occupation: Housewife; Where Residing if not at place of death:

Married, Single or Widowed: Married; Name of Wife or Husband: Luther Lovinger

Father's Name: Samuel Kay; Father's Birthplace: Md

Mother's Maiden Name: Sarah "; Mother's Birthplace: Md

Name of person giving In formation: Luther Lovinger; How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pulmonary Tuberculosis; How long: 1 year

Immediate: Exhaustion; How long: 2 months

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Hagerstown Md

Address: Victor D Miller J

2 Hagerstown Md

Accident or Suicide? —

LIBRARY BUREAU A88516

Name in Full: Mary Lucretia Tyler

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hagerstown — County: Washington

Date of death: 1904 — Month: June — Day: 26 — Years: 79 — Months: 11 — Days: 5

Sex: Female — Color or Race: Colored — Birthplace: Williamsport, Md

Occupation: Housekeeper — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Joseph Wm Tyler — Father's Birthplace: Va

Mother's Maiden Name: Ellen Williams — Mother's Birthplace: Md.

Name of person giving Imformation: Mary J. Tyler — How related to deceased: Aunt

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pulmonary Tuberculosis — How long: 2

Immediate: Cardiac Failure — How long: One Day

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D. B. Wagaman

Address: Hagerstown, Md.

Accident or Suicide?

LIBRARY BUREAU A89818

Name in Full: Nannie E. Valentine

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: near Clearsville — County: Wash

Date of death: Month: June — Day: 8 — Year: 1904 — Age: 54: — Months: 11 — Days: 21

Sex: Female — Color or Race: White — Birthplace: Md.

Occupation: H. W. — Where Residing if not at place of death:

Married, Single or Widowed: married — Name of Wife or Husband: Lewis H. Valentine

Father's Name: Heinkel Reed — Father's Birthplace: Md.

Mother's Maiden Name: Frances ——— — Mother's Birthplace:

Name of person giving Imformation: Frances Poston — How related to deceased: daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: 179 — How long:

Immediate: Heart Failure — How long: Died instantly

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: S W Umstot, MD

Address: Hagerstown, Md.

Accident or Suicide? 8

LIBRARY BUREAU A88816

Name in Full: John H. Warbel

CERTIFICATE OF DEATH

MARYLAND

Died — Town: near Cleveville — County: Wash.

TO BE ANSWERED BY NEAREST FRIEND

Date of death: Month: June — Day: 7 — Years: 69 — Months: — — Days: —

Sex: male — Color or Race: white — Birthplace: Md.

Occupation: school-teacher — Where Residing if not at place of death:

Married, Single or Widowed: widower — Name of Wife or Husband:

Father's Name: Jacob Warbel — Father's Birthplace: Md.

Mother's Maiden Name: Amelia Eakle — Mother's Birthplace: Md.

Name of person giving Imformation: Henry Warbel — How related to deceased: nephew.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: 177 — How long:

Immediate: Dropsy — How long: 8 Months.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: S W Mumbot M D

Address: Hagerstown. Md.

Accident or Suicide?

LIBRARY BUREAU A88018

Name in Full: Francis. R. Wolf

No 208

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Near Williamsport — County: Washington — MARYLAND

Date of death 190 4: Month: June — Day: 3 4/7 — Age: Years: 16. — Months: 2 — Days:

Sex: Male — Color or Race: White — Birth-place: Washington Co

Married, Single or Widowed: Single — Occupation: None

Name of Wife or Husband:

Father's Name: Albert S. Wolf. — Father's Birthplace: " "

Mother's Maiden Name: Clarinda Shilling — Mother's Birthplace: " "

Name of person giving In formation: A. S. Wolf. — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption — How long: Six months

Immediate: Prostration — How long: Few hours.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. S. Richardson

Address: Williamsport Md

Acci~~dent or Suicide~~

LIBRARY BUREAU A83516

J M Milam

Undertaker

Name in Full: Susan A. Yourtee

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Brownsville; County: Washington

Date of death 1904: Month: 6; Day: 5

Age: Years: 59; Months: 11; Days: 4

Sex: Female

Color or Race: White

Birthplace: Md

Married, ~~Single~~ or ~~Widowed~~: Married

Occupation: Housewife

~~Name of Wife or~~ Husband: Rev. Eli Yourtee

Father's Name: David Long

Father's Birthplace: Md

Mother's Maiden Name: Mary Rekolard

Mother's Birthplace: Md

Name of person giving information: J. I. Yourtee

How related to deceased: Cousin

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis

How long: 7½ hours

Immediate: "

How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. I. Yourtee

Address: Brownsville Md

~~Accident or Suicide?~~

LIBRARY BUREAU A65516